

|  |  |  |  |  |  |  |  |  |  |                                    |  |  |  |  |      |  |  |  |  |  |  |  |  |  |       |  |  |  |  |                                  |  |  |  |  |     |  |  |  |  |                     |  |  |  |  |      |  |  |  |  |                              |  |  |  |  |          |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|------------------------------------|--|--|--|--|------|--|--|--|--|--|--|--|--|--|-------|--|--|--|--|----------------------------------|--|--|--|--|-----|--|--|--|--|---------------------|--|--|--|--|------|--|--|--|--|------------------------------|--|--|--|--|----------|--|--|--|--|---|--|--|--|--|--|--|--|--|--|----------------------------------|--|--|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|
| First Name   |  |  |  |  |  |  |  |  |  | Middle Name                        |  |  |  |  |      |  |  |  |  | Last Name                              |  |  |  |  |       |  |  |  |  |                                  |  |  |  |  |     |  |  |  |  |                     |  |  |  |  |      |  |  |  |  |                              |  |  |  |  |          |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |
| Hanover, MA 02339                                    |  |  |  |  |  |  |  |  |  |                                    |  |  |  |  |      |  |  |  |  |  |  |  |  |  |       |  |  |  |  |                                  |  |  |  |  |     |  |  |  |  |                     |  |  |  |  |      |  |  |  |  |                              |  |  |  |  |          |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |
| Street   |  |  |  |  |  |  |  |  |  |                                    |  |  |  |  | Town |  |  |  |  |  |  |  |  |  | State |  |  |  |  |                                  |  |  |  |  | Zip |  |  |  |  |                     |  |  |  |  | Home |  |  |  |  |                              |  |  |  |  | Cellular |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |
| Telephone  |  |  |  |  |  |  |  |  |  |                                    |  |  |  |  |      |  |  |  |  |  |  |  |  |  |       |  |  |  |  |                                  |  |  |  |  |     |  |  |  |  |                     |  |  |  |  |      |  |  |  |  |                              |  |  |  |  |          |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |
| Original Birth Certificate                           |  |  |  |  |  |  |  |  |  | Social Security Number             |  |  |  |  |      |  |  |  |  | Date of Entry                          |  |  |  |  |       |  |  |  |  | Year of Graduation               |  |  |  |  |     |  |  |  |  | Date of Birth       |  |  |  |  |      |  |  |  |  | Place of Birth               |  |  |  |  |          |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |
| Guardian check one                                   |  |  |  |  |  |  |  |  |  | Both Parents                       |  |  |  |  |      |  |  |  |  | Mother                                 |  |  |  |  |       |  |  |  |  | Father                           |  |  |  |  |     |  |  |  |  | Guardian            |  |  |  |  |      |  |  |  |  | State Ward                   |  |  |  |  |          |  |  |  |  | Other indicate                          |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |
| Student lives with →                                 |  |  |  |  |  |  |  |  |  | Both Parents                       |  |  |  |  |      |  |  |  |  | Mother                                 |  |  |  |  |       |  |  |  |  | Father                           |  |  |  |  |     |  |  |  |  | Guardian            |  |  |  |  |      |  |  |  |  | Other                        |  |  |  |  |          |  |  |  |  | Please indicate with whom student lives |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |
| Custody Restrictions                                 |  |  |  |  |  |  |  |  |  | Yes – please name custodial parent |  |  |  |  |      |  |  |  |  | No                                     |  |  |  |  |       |  |  |  |  | Joint Custody                    |  |  |  |  |     |  |  |  |  | Yes                 |  |  |  |  |      |  |  |  |  | No                           |  |  |  |  |          |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |                                    |  |  |  |  |      |  |  |  |  |  |  |  |  |  |       |  |  |  |  | Restraining                      |  |  |  |  |     |  |  |  |  | Yes                 |  |  |  |  |      |  |  |  |  | No                           |  |  |  |  |          |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |                                    |  |  |  |  |      |  |  |  |  |  |  |  |  |  |       |  |  |  |  | Affidavit                        |  |  |  |  |     |  |  |  |  | Yes                 |  |  |  |  |      |  |  |  |  | No                           |  |  |  |  |          |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |
| Father's Name  |  |  |  |  |  |  |  |  |  | Work Place/Address                 |  |  |  |  |      |  |  |  |  | Telephone(s)                           |  |  |  |  |       |  |  |  |  | Occupation                       |  |  |  |  |     |  |  |  |  |                     |  |  |  |  |      |  |  |  |  |                              |  |  |  |  |          |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |
| Mother's Name  |  |  |  |  |  |  |  |  |  | Work Place/Address                 |  |  |  |  |      |  |  |  |  | Telephone(s)                           |  |  |  |  |       |  |  |  |  | Occupation                       |  |  |  |  |     |  |  |  |  |                     |  |  |  |  |      |  |  |  |  |                              |  |  |  |  |          |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |
| Family History                                       |  |  |  |  |  |  |  |  |  | Number of Siblings                 |  |  |  |  |      |  |  |  |  | Name(s) of Sibling(s)                  |  |  |  |  |       |  |  |  |  | Birthdate(s)                     |  |  |  |  |     |  |  |  |  |                     |  |  |  |  |      |  |  |  |  |                              |  |  |  |  |          |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |
| Personal Health                                      |  |  |  |  |  |  |  |  |  | Excellent                          |  |  |  |  |      |  |  |  |  | Good                                   |  |  |  |  |       |  |  |  |  | Fair                             |  |  |  |  |     |  |  |  |  | Poor                |  |  |  |  |      |  |  |  |  | Chronic Ailments please list |  |  |  |  |          |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |
| Special Needs  |  |  |  |  |  |  |  |  |  | Yes                                |  |  |  |  |      |  |  |  |  | No                                     |  |  |  |  |       |  |  |  |  | If YES - List services received  |  |  |  |  |     |  |  |  |  |                     |  |  |  |  |      |  |  |  |  |                              |  |  |  |  |          |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |
| Free or Reduced Lunch Program                        |  |  |  |  |  |  |  |  |  | Yes                                |  |  |  |  |      |  |  |  |  | No                                     |  |  |  |  |       |  |  |  |  | Primary Language spoken at home  |  |  |  |  |     |  |  |  |  |                     |  |  |  |  |      |  |  |  |  |                              |  |  |  |  |          |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |
| Not Hispanic or Latino                               |  |  |  |  |  |  |  |  |  | Hispanic Latino                    |  |  |  |  |      |  |  |  |  | Male                                   |  |  |  |  |       |  |  |  |  | Female                           |  |  |  |  |     |  |  |  |  | White               |  |  |  |  |      |  |  |  |  | Black                        |  |  |  |  |          |  |  |  |  | Asian                                   |  |  |  |  |  |  |  |  |  | Native Hawaiian or Other Pacific |  |  |  |  |  |  |  |  |  | American Indian or Alaska |  |  |  |  |  |  |  |  |  |
| Ethnicity  |  |  |  |  |  |  |  |  |  | Gender                             |  |  |  |  |      |  |  |  |  | Race                                   |  |  |  |  |       |  |  |  |  |                                  |  |  |  |  |     |  |  |  |  |                     |  |  |  |  |      |  |  |  |  |                              |  |  |  |  |          |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |
| State Assigned Student Identification Number [SASID] |  |  |  |  |  |  |  |  |  | Prior School Name and Address      |  |  |  |  |      |  |  |  |  |  |  |  |  |  |       |  |  |  |  |                                  |  |  |  |  |     |  |  |  |  |                     |  |  |  |  |      |  |  |  |  |                              |  |  |  |  |          |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |
| Yes  |  |  |  |  |  |  |  |  |  | No                                 |  |  |  |  |      |  |  |  |  | Previously enrolled in Hanover Schools |  |  |  |  |       |  |  |  |  | If Yes, Name(s) of School(s) and |  |  |  |  |     |  |  |  |  | Dates of Attendance |  |  |  |  |      |  |  |  |  |                              |  |  |  |  |          |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |
| Signature  |  |  |  |  |  |  |  |  |  | Date                               |  |  |  |  |      |  |  |  |  |  |  |  |  |  |       |  |  |  |  |                                  |  |  |  |  |     |  |  |  |  |                     |  |  |  |  |      |  |  |  |  |                              |  |  |  |  |          |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |